



Media Relations for Health Educators: The Inside Story About the News Media

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ABSTRACT

The practice of using mass media in public health education practice is increasing. However, the challenges most health educators face in using the news media include either not knowing how to access the media or feeling a sense of ambivalence due to the risk of being misquoted or misrepresented. Developing an appreciation for the motivations and purposes of the news media is the responsibility of health educators and serves an important basis for successfully dealing with the media. Specifically, this article identifies the environment, operating elements, and standards of the news media; explains how to contact the right media representative; and presents guidelines for dealing with the media.

The practice of using mass media in public health education practice is growing (Breckon, Harvey, & Lancaster, 1998). Most public health professionals use the media because its network allows large audience segments to be reached quickly, efficiently, and economically (Wallack, Dorfman, Jernigan, & Themba, 1993). Much of this growth is in response to health educators' desire to reach specific target groups with clear and tailored public health messages. For health education purposes the news media most often consist of print and broadcast media. However, a growing number of specialized web sites also produce online stories in much the same way as their newspaper and television counterparts. Print sources include newspapers (dailies, weeklies) and magazines. Broadcast sources

include radio (local, network, AM/FM, public, Internet) and television (local, network, cable, public). Although other media channels exist (e.g., transit cards/billboards, brochures, etc.), print and broadcast channels are the most frequently utilized because of their ability to access diverse audiences (Pfau & Parrot, 1993). Breckon and colleagues (1998, p. 265) pointed out that the most used media channel may change periodically, "but use of mass media to promote behavior change and promote programs that will result in [health-related behavior change] is gaining in importance, not lessening. As the population increases, the dollars for staffing decrease, and the technology improves, more mass media will be used."

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face in working with the news media include either not knowing how to access the media, or feeling a sense of ambivalence due to the possibility of being misquoted.

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However, most health professionals claim the risk of being misinterpreted or quoted out of context is worth the cost for reaching a target audience through the mass media (Stroot, 1997). In reality, like the health education profession, most media professionals act and perform with high ethical standards of professional conduct.

The motivations of the news media are like those of most private organizations. News media organizations are businesses, and as such have an economic drive to compete and generate profit. News media organizations understand that increased readership/viewership is directly related to the quality and public appeal of stories produced by the reporters. Thus, reporters and the news organizations for whom these journalists work benefit professionally and financially by finding and producing timely news stories that meet local needs and interests. Health educators are important contacts for the media because they can help reporters find interesting stories, verify facts, submit news stories, and provide commentary on current public health issues. The news media seek health contacts that are regular, dependable, and trustworthy (Breckon et al., 1998) and are best fostered among health educators who understand the news media's motivations and purposes.

PURPOSE

This article describes the news media environment and turns that knowledge to the advantage of public health education. Specifically, this article explains how to contact the right media representatives; identifies the operating elements and standards of the news media; and based on the five stated news media functions and standards, presents guidelines for enhancing relationships with the media.

UNDERSTANDING THE NEWS MEDIA STRUCTURE AND CONTACT PERSON

News is information that interests a large number of people and has an impact on, or is relevant to, their lives (Howard & Mathews, 1988). News media, then, are the organization of individuals involved in cre-

ating news. Access to any of the various news organizations (radio, television, newspapers, etc.) requires that the information first pass through what is known as the gatekeeping process. Managing editors, assignment editors, producers, and reporters all participate in the gatekeeping process. These gatekeepers decide which stories are used, the news angle each story takes, the emphasis each story is given, and the amount of time and space allocated to telling the story. Among the gatekeepers the most critical for health educators is the "beat" reporter. A beat reflects the specific area or topic a reporter is assigned to cover.

On any particular day, the mailed/faxed/e-mailed volume of potential news far exceeds the limited space in newspapers or air time on television (Howard & Mathews, 1988; Tucker, Derelian, & Rouner, 1994). Of the hundreds of press releases and media advisories that arrive to these newsrooms every day, the vast majority are addressed to an editor or to general assignment, as opposed to a specific beat reporter. Because they are incorrectly directed, most of these stories typically receive little or no coverage. Health educators, therefore, should attempt to disseminate key information to target audiences via the mass media through the appropriate beat reporters. News beat titles may vary among news organizations. The reporters assigned to the medical beat, health beat, or lifestyles beat are those with whom health educators must develop a rapport. Thus, health educators should understand how to properly access these gatekeepers by learning important news media perspectives and the appropriate strategies and tactics for successfully working with them.

UNDERSTANDING THE NEWS MEDIA STANDARDS

The purposes and self-imposed standards of the media are based on five historical, idealistic functions of the news media. These five functions are surveillance, interpretation, linkage, transmission of values, and entertainment (Dominick, 2002). All news media functions have relevance to

health education practice today, but the first four are likely of most importance. Understanding these fundamental functions will improve health educators' relationship with the news media, and will enhance effectiveness in utilizing the media to disseminate health education messages.

Surveillance

Surveillance in the news media involves identifying, surveying, or investigating important events and issues that affect a community or an individual (Allyn & Bacon, 2002; Dominick, 2002). Reporters conduct surveillance by constantly surveying their community for information that is relevant to the media organization's consumers. Seeking useful information, such as the latest medical breakthroughs, how the financial markets are performing, and warnings of road closures or disease outbreaks are examples of the informative role surveillance plays. Surveillance sources include stories generated from referral tips gathered by the reporter; stories and story ideas submitted to news organizations in the form of media advisories, press releases, press kits, organized press conferences; news polls about current issues; and wire report services that provide leading stories from other media organizations and usually are used to reflect regional, national and international stories (e.g., UPI, Reuters, Associate Press).

Health educators should first consider addressing the surveillance function by identifying who the beat reporters are in their area by consulting several different media directories. *Editor and Publisher* magazine's annual *International Yearbook*, for example, lists the names, addresses, and telephone numbers for all daily and weekly newspapers in the United States, as well as daily newspapers in many other countries. The U.S. listings include the names of all beat reporters and the specific beats to which they are assigned (*International Yearbook*, 2001). *Bacon's* also produces a similar annual directory of news media. Separate volumes are published for newspapers, television, and magazines (*Bacon's Newspaper Directory*, 2000). Finally, many local press



clubs (or chapters of the Society of Professional Journalists) publish local media directories. With the selection of the appropriate beat reporter(s), the health educator can then present story ideas or submit stories in various forms to these important media contacts (Wallack et al., 1993).

Interpretation

Interpretation is the critical function of the media to strive for objectivity. Interpretation is the media's effort to present a balanced view of both sides of an issue. The role of interpretation involves journalists investigating claims of various sources and explaining those complex issues and viewpoints to their audience (Allyn & Bacon, 2002; Dominick, 2002). Thus, interpretation requires journalists to create "balanced" stories. The news media seek to include multiple or competing perspectives in their stories so that individual consumers reading or hearing the story can have a complete picture of an issue.

One common misconception held by health educators is that the media intentionally twist or make controversial the health issues they present through the news (Stroot, 1997). For example, a good public health story about water fluoridation from the news media perspective will include clear evidence in support of water fluoridation and also include viewpoints from those who oppose water fluoridation. From a health education perspective it is easy to believe that the news story was sabotaged or misrepresented by the reporter who added counter-perspectives. Yet the news media, in keeping with ethical principles of maintaining objectivity, present multiple perspectives to viewers or readers to make decisions for themselves.

Health educators can be proactive and use interpretation to their advantage. Specifically, health educators can anticipate rebuttals to the arguments of those with differing viewpoints. Then, given those perspectives, health educators can articulate counter-rebuttals, thus inoculating their audiences in advance against counter-propaganda (Pfau & Parrott, 1993). Thus, health educators should plan their stories

and interviews proactively to consider presenting rebuttals to the anticipated perspectives of others.

Linkage

Linkage refers to the media's role of linking stories that are relevant to the news organization's community (Dominick, 2002). Not surprisingly, the first step in successful media relations strategies involves establishing newsworthy stories that convince reporters of the linkage to their readers and viewers. The newsworthiness of a story, news tip, or piece of information is usually evaluated based on six primary criteria: impact, novelty, prominence, conflict, proximity, and timeliness (Howard & Mathews, 1988; Mencher, 1996). For health educators the three most important news values may be impact, proximity, and timeliness. Impact implies that a story is important or significant to a reader's/viewer's life. Proximity can suggest geographical, emotional, or experiential connection to readers/viewers. Timeliness implies that readers/viewers will often be interested in what are the newest discovered pieces of information. Reporters frequently criticize press releases for failure to meet these criteria because the story lacks salience to the news organization's readers or viewers. When a health educator demonstrates the newsworthiness of a story the chances of that information making it through the gatekeeping process are substantially increased. For example, a child asthma reduction story about school building mold may address impact and proximity by addressing efforts to reduce asthma incidence among local children. Timeliness may focus on current efforts to control moisture and mold conditions of a local elementary school. This asthma remediation example illustrates the essential components of a news story through linkage.

Another aspect of linkage refers to understanding the need for a key consumer segment, sometimes called media niches. Media niches are target groups of individuals that newspapers, magazines, and broadcast stations target for reader or viewer audiences who share a specific interest

(Allyn & Bacon, 2002). Media organizations develop market niches that reflect the characteristics and values of these communities of consumers so that subscription and viewer ratings remain constant or increase. As a result, most communities have radio, television, and newspaper organizations that reflect specific niches within the community. For example, one news organization may take a liberal, sophisticated niche, whereas its competitor organization may adopt a differing view that reflects the interests or values of another part of town. In any case, news reporters seek to develop stories that reflect their organization's constituency. This means that controversial stories like pro-abortion and condom distribution are more likely to be prominently addressed by a more liberal news organization than a conservative media niche.

The concept of linkage should be seen as an advantage for health education practice. Increasingly, best practice interventions are those that target strategies to specific market segments. For example, if health educators seek to reach middle-age, middle-class, Hispanic women at risk for diabetes, the news story is best directed to the news organization(s) that caters to the situation, values, or life circumstances of that target group. Clearly, for health educators, linkage requires that the health story must have impact, timeliness, and proximity, and be complementary to the news organization's views if the story is to receive favorable attention.

Transmission of Values

The news media are presumed to be disseminators of values. For example, the media are in a powerful position to shape young people's values through movies, television programs, and youth-oriented magazines (McQuail, 2000). But the transmission of values goes beyond the various sources of dissemination available and includes the news media's reflection of the community's values, beliefs, and culture. The transmission of values function is where the news media translates and reflects its perception of community perspectives to the work they create or endorse (Dominick, 2002). This



process involves people learning acceptable behavior in a given group (Allyn & Bacon, 2002). From a news organization's perspective it is the process by which reporters, and thus their audiences, learn patterns of behavior through observing others so that news perspectives can be created from those patterns/observations.

Contemporary journalistic writing reflects a preference for an anecdotal style, which is an example of values transmission (Mencher, 1996). For example, reporters often open a story (the "lead") with an anecdotal approach—for example, the story of one person's experience facing melanoma cancer. This person may be presented as illustrative of others who share the fear, depression, anger, and decisions and options others face for this aggressive cancer. Readers learn about social values (treatment alternatives, lifestyle changes, religious perspectives, or personal interaction needs) as they come to understand the story of the individual highlighted in the anecdotal lead. This is often referred to as "humanizing" a story. The ability to humanize a story is an attractive lure when pitching an idea to a reporter, and supports the value transmission function the media wish to support. In addition to considering the transmission of values function as important for agenda setting or for transforming norms, value transmission may be an important strategy for health educators as they create story ideas for reporters.

Entertainment

The news media also have a diversionary role to help people find entertainment and enjoyment (Allyn & Bacon, 2002; Dominick, 2002). For example, the news media may help people answer the question, "what is on TV tonight?" by providing a television guide. The news media may also attempt to provide information in a creative way, thus increasing its viewing audience through entertainment value. Although the entertainment function is important for news media, it is probably less relevant for the type of stories with which health educators are primarily concerned (Brodie et al., 2001). However, entertain-

ment today is not just "feel good" or funny stories. Media entertainment may also be realized through stories about alarming issues that impact the interests of people in the community that the media outlet serves. For example, stories about disease outbreaks, obesity trends, and drug abuse may help fill the media's diversionary/entertainment goal for its audience(s). Many of these stories may be well suited to letters to the editor or in opinion editorial pages within a newspaper. At the very least, by being aware of the entertainment function, health educators may help add appeal to stories they pitch to reporters.

GUIDELINES FOR DEALING WITH THE NEWS MEDIA

Based on the five news media functions, the following guidelines highlight how health educators/health communicators can work successfully with the news media.

(1) Reporters want compelling stories, but what compels is based on the standards and purposes of the news media not necessarily from health education perspectives. Reporters benefit professionally by finding and producing timely, relevant, and appealing news stories that meet local needs and interests. Health educators are important contacts for the media and should help reporters find interesting stories, corroborate facts, and provide commentary on the issues central to the story to gain favor with news media personnel. A "win-win" relationship can emerge from health educators' understanding of the news media's motivations and purposes (surveillance, linkage).

(2) Send media material to the correct news media contact. Instead of contacting the publisher or managing editor at a newspaper organization, or reaching the general manager or news director at a broadcast station, the beat reporter from each news media organization is, on most occasions, the only and most appropriate media contact health educators should seek. If a reporter's supervisor needs to be reached or influenced, contacting the city editor (newspaper, magazine) or news director (radio, television) may be appropriate. Common

beat reporters for the discipline include health, medical, lifestyles, and health care reporters. Identifying one or more beat reporters assigned to write for health or medicine is critical to making useful contacts with the media (surveillance).

(3) Develop a professional relationship with media reporters. Knowing how and when to get information to a reporter is vital to working with your media contact. The news beat of the reporter should be matched with the story needing to be printed or aired by the media. Look for a credible beat reporter who is interested in your stories or the work that you or your organization performs. The media look for an official public health response through credible people they know. It is important to develop a working relationship with that reporter. Rarely will a news organization convert a standalone press release into a story unless there is a compelling crisis or a prior personal contact with the health educator. Know your ideal beat reporters before you send the press release. Find out what his or her preferences are for receiving news and story ideas (e-mail advisories, press releases, or phone contact). Find out what his or her deadline schedule is, and what days feature articles may be used, and what other options are available (Breckon et al., 1998) (surveillance, linkage).

(4) Develop a detailed press list as you nurture media contacts. When creating a press list, name all news organizations (print, radio, television, etc.) in your community or region. In addition to identifying the health beat reporter for each news organization, consider adding two other columns to your press list that reflect the linkage niche of each organization (conservative, liberal, geographic segment) and consumer characteristics of each organization. This will help remind you about the linkage to which your beat reporter's news organization is loyal and will help you target your story to the appropriate news organization (surveillance, linkage).

(5) Avoid "off the record" comments. There must be a mutual agreement—in advance—that certain information is not



publishable. A general rule of thumb is that if you do not want information to appear in the media, do not share it with a reporter. If the reporter's questioning leads to areas of sensitivity, confidentiality, or timeliness, a brief and honest explanation as to why the question cannot be answered should be provided. Many media professionals recommend also avoiding "no comment" responses, because reporters often interpret that to be evidence for suspicion or that something is being hidden or disguised (interpretation).

(6) Know the other side of your story. The media see health educators' stories as potentially slanted. As a result, the news media seek to balance any potential bias with perspectives of others who likely feel differently. In most cases a good journalist seeks to present multiple perspectives about the story, thus preserving interpretation. When writing a story (press release) or telling a story (reporter interview, press conference) for the news media, be prepared to anticipate the views that differ. Proactively anticipate the other side's view(s) and diplomatically respond to those perspectives as you create your story for the news reporter (interpretation).

(7) Send material to the correct news media organization. News media organizations often compete with each other and usually cater to specific or unique media niches or target audiences. Avoid a "one size fits all" approach in which one news story is used for all or many news organizations. Rarely should every news organization and reader/viewer be exposed to the same story. Instead, treat each news organization as a unique segment with loyal readers or viewers with special viewpoints. Tailoring stories to meet each specific news segment not only improves the odds that the story receives good press, but also helps ensure that the story will be well received by the news consumers.

If your story is a misfit in a given news agency, the journalist may decide either not to print or broadcast the story because it is contrary to the organization's linkage niche, or may bury the story among others that

are less significant. If the story is particularly out of place, the gatekeepers at a newspaper may assign the opinion editor to present the submitted story as a controversial issue in an opinion editorial in which the news organization may, due to its linkage, play off the story's arguments in support of the opposite point of view. Thus, find the news angle that is the most newsworthy for the audience of each news organization to which your story is being submitted (linkage).

(8) Write opinion editorials and letters to the editor for wide exposure. Newspaper opinion editorials ("OpEd") and letters to the editor normally are not channeled through the reporter—reporters primarily address feature stories and other news spots. The most widely read part of a newspaper is often the Letters to the Editor column. Some see it as entertainment, others see it as a way to voice concern and articulate key thoughts. Also featured next to this column is the Editorial column. Both are overseen by the opinion editor. Health educators can write letters to the editor or encourage constituents to write letters that result in some of the most effective publicity available. Health educators may also provide appropriate material to the opinion editor so that he or she can take public stands on matters involving public welfare within the opinion editorial column. Note, this is one news forum in which interpretation usually does not apply (surveillance, linkage, values transmission, entertainment).

(9) News media want health education experts to be more proactive with their stories. Health educators can be either reactive or proactive in their interaction with the media. Knowing that the surveillance function (news gathering) is the first priority of reporters, health educators should actively "tell their story." Sometimes the facts of the story are not enough. Reflecting a human side or an entertaining side to the story will help it be more interesting and proactive (surveillance, values transmission, entertainment).

(10) Health educators should see news

media contacts as mutually beneficial—we need each other. News media operate with rigorous time constraints, and quick health education responses are critical. As a result, the health educator might interpret a reporter's behavior as too aggressive or demanding, but the timeliness of a story is critical to the news media. Understanding this should help health educators work more expediently with the news media. In turn, the reporter will likely assist the health educator on other stories or projects. One of the common complaints by reporters is the failure of their sources to promptly respond to their calls or requests for information. Although this may interfere with daily activities, giving top priority to an interested reporter may be the critical factor to influence the treatment and placement of a story, and, most important, your professional relationship with the reporter (surveillance, linkage).

CONCLUSIONS

Increasingly health educators rely more heavily on television, radio, Internet, and print media to do their work. They seek to gain media attention to appeal to specific audiences about the benefits of health education. This visibility can aid the practitioner, the public, and the profession.

Reporters want good stories. To have good stories they need reliable sources to provide the content. Health educators believe they have these stories and can be the trusted source. But reaching the reporters and learning the intricacies of the news media can be a challenge. Developing an appreciation for the motivations and purposes of the news media is the responsibility of health educators.

Not everyone needs to be a media expert to use the media. However, understanding the news media's motivations and purposes is critical to avoiding mistakes. Gaining access to the media requires that health educators consider the adage, "seek to understand before being understood." Dealing with the media is a learning process for everyone. The insights presented in this article are intended to help health



education practitioners improve their relations with the news media. The main product of this relationship will thereby improve health educators effectiveness in disseminating key information to the public, who will benefit from the information received.

REFERENCES

- Allyn & Bacon. (2002). *The media in our lives*. Retrieved February 12, 2002, from www.abacon.com/folkerts/gloss.html.
- Bacon's Newspaper Directory. (2000). Chicago: Bacon's Information, Inc.
- Breckon, D. J., Harvey, J. R., & Lancaster, R. B. (1998). *Community health education: Settings, roles, and skills for the 21st century* (4th ed.). Gaithersburg, MD: Aspen Publishers.
- Brodie, M., Foehr, U., Rideout, V., Baer, N., Miller, L., Flourney, R., and Altman, D. (2001). Communicating health information through the entertainment media. *Health Affairs*, 20, 192-199.
- Dominick, J. R. (2002). *Dynamics of mass communication: Media in the digital age* (7th ed.). New York: McGraw Hill.
- Howard, C., & Mathews, W. (1998). *On deadline: Managing media relations*. Prospect Heights, IL: Waveland Press.
- International Yearbook*. (2001). New York: Adweek Magazines.
- McQuail, D. (2000). *Mass communication theory* (4th ed.). London: Sage.
- Mencher, M. (1996). *Basic media writing* (6th ed.). Boston: McGraw Hill College.
- Pfau, M., & Parrott, R. (1993). *Persuasive communication campaigns*. Boston: Allyn & Bacon.
- Stroot, P. (1997). Health and the media: Uneasy partners? *World Health*, 6(6), 12-13.
- Tucker, K., Derelian, D., & Rouner, D. (1994). *Public relations writing: An issue-driven behavioral approach* (2nd ed.). Englewood Cliffs, NJ: Prentice Hall.
- Wallack, L., Dorfman, L., Jernigan, D., & Themba, M. (1993). *Media advocacy and public health: Power for prevention*. Newbury Park, CA: Sage Publishers.

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